

**September 21, 2006
8:00 am—5:00 pm**

**Hyatt Regency Buffalo
Two Fountain Plaza
Buffalo, New York**



**Erie County Department of
Senior Services**



**Special Accommodations/
Dietary Restrictions**

Let us know if you need any special accommodations during the conference, including any dietary restrictions. In order to respond to your request, please allow as much advance notice as possible.

**Substitution/
Registration Policy:**

If you are registered and cannot attend, we encourage you to send a substitute. **No refunds will be honored.**

Questions? Please Contact:

Kelly Dixon
Center for Transportation
Excellence
Telephone: 332-4209

Jennifer Wood
Erie County Senior Services
Telephone: 858-7532

This is ____ of ____ registrations.

TRANSPORTATION SUMMIT REGISTRATION FORM

Please complete a registration form for each registrant and mail with appropriate fee by September 8, 2006.

Full Name _____

Preferred Badge Name _____

Title _____

Company _____

Address _____

City State Zip _____

E-mail _____

Phone _____ Fax _____

TYPE OF REGISTRATION: Group Individual Attendee Presenter

*If registering for a group, please fill out a separate registration form for each group member.

REGISTRATION OPTIONS:

1. GROUP (Minimum half table or full table of 8 only)

Registration includes breakfast, lunch and all refreshments.

Group	<input type="checkbox"/> Half- Table	<input type="checkbox"/> Full- Table
By September 8	\$100	\$200

For group registrations, please list the other persons in your party below to ensure that you are seated together: _____

2. INDIVIDUAL ATTENDEE—Registration includes breakfast, lunch and refreshment breaks.

Individual	<input type="checkbox"/>
By September 8	\$25

EXHIBITOR'S TABLE

A limited number of tables will be available for vendors to display their products and information in the main foyer. Your table registration fee includes one skirted table and 2 chairs in the exhibit area. Additional services and equipment are available for an additional fee. Table space will be assigned in the order that the registration forms are received.

Table	<input type="checkbox"/>
By September 8	\$100

Payment Method- Check/ Money Order— make payable to: Network on Aging

TOTAL \$ _____

Mail form and fee to:

Network in Aging of WNY, Inc.
University at Buffalo
515 Kimball Tower
3435 Main Street
Buffalo, NY 14214-3079